

AHCCCS ON-LINE CLAIM SUBMISSION MANUAL

Section 2:

Create an ID and Password





Arizona Health Care Cost Containment System



Home :: FAQ ::



Arizona Health Care Cost
Containment System

Our first care is your health care

Thank you for visiting AHCCCS Online. In order to use the site, you must have an active account. Please login or create a new account. For questions, please contact our Customer Support Center at (602) 417-4451.

** ATTENTION **

Please remember that sharing account logins is prohibited and violates the AHCCCS User Acceptance Agreement. You must not share your user name and password with any other individuals. Each user must have their own web account. Access to the web site can be terminated if the User Acceptance Agreement is violated.



Sign In

User Name:

Password:

Forgot your Password? [Click Here](#)

Note • User Names and Passwords are case-sensitive.

To create a
User ID and
Password,
click here.

New Account

[Click Here](#) to create an AHCCCS Online user account.

To learn more about AHCCCS Online, [Click Here](#)



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▲ Your web browser must have cookies enabled in order to use AHCCCS Online. To learn how to enable cookies, please [Click Here](#)

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Arizona Health Care Cost Containment System



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Enrollment Steps

1. User Agreement
2. Select Account
3. Verification
4. Create Profile
5. Account Created

Please read the following terms of use and indicate that you agree by clicking the "I Agree" button at the bottom of the page

Warning: The information provided through the AHCCCS Online Web Application is confidential under state and federal law. Use and disclosure of this information is limited to purposes directly related to the administration of Arizona Health Care Cost Containment System. The use and disclosure of this information is also subject to the privacy and security requirements of the Administrative Simplification provisions of the federal Health Insurance Portability and Accountability Act.

The Master Account Holder is responsible for ensuring the confidentiality of any information obtained from this web application by persons using the Master Account Holder user ID or any individual user IDs approved by the Master Account Holder.

The Master Account Holder is responsible for informing itself and its employees and agents of the requirements of all applicable privacy laws and ensuring:

Compliance with the license agreement,
That individual accounts are limited to employees who need the information to perform their employment-related duties,
That inactive individual accounts are deactivated, and
That the Master and individual user IDs and passwords are not shared or disclosed.

Violation of the terms and conditions of the licensing agreement and/or violations of the state and federal confidentiality and privacy requirements may result in termination of your license to access the AHCCCS Online Web Application. Violations may also result in the termination the AHCCCS Provider Agreement, revocation of AHCCCS Provider Registration, and/or the termination of or imposition of sanctions under any other

Read the statement
to your right and, if
you agree to the
terms, click on

[I Agree.](#)

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AHCCCS Arizona Health Care Cost Containment System

ARIZONA @ YOUR SERVICE

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Enrollment Steps

1. User Agreement
2. Select Account
3. **Verification**
4. Create Profile
5. Account Created

Please provide the following information:

* Indicates a required field.

Please select the type of identifier being provided:

- AHCCCS Provider ID (6 numeric characters)
- National Provider ID (10 alphanumeric characters).

Use only numbers for your tax ID number, no spaces or dashes.

☒ AHCCCS Provider ID
☐ National Provider ID (NPI)

Provider ID* 123456

Tax ID Number* 123456789

Continue

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Enter your Provider ID and Tax ID number.

Click Continue.

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Address: https://azwebst.statemedicaid.us/Enroll_GetUserInfo.asp?PID=022062&taxid=860212139

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Enrollment Steps

1. User Agreement
2. Verification
3. **Create Profile**
4. Account Created

Please verify that the following information is related to the provider for which you wish to create an account. If it is incorrect and not the provider for which you are authorized to create an account, [click here](#) to return to the provider input form.

Provider Information:

| | |
|-----------------|-----------|
| Provider Name | Dr. John |
| Provider Number | 123456 |
| Tax ID Number | 123456789 |

* Indicates a required field.

In order to create your account, please provide the following information about yourself

Enter a User Name and Password: (At least 6 characters with no leading or trailing blank spaces)

| | |
|-------------------|---------|
| User Name* | JOHNDOE |
| Password* | ***** |
| Confirm Password* | ***** |

Choose a Hint Question and Enter Your Answer:

| | |
|---------------|---------------------|
| Hint Question | Mothers maiden name |
| Answer* | mother |

Please select either an INDIVIDUAL account or a MASTER account.

Select 'Master Account' if you are authorized or have been designated to administer all accounts under this provider. Once you submit this information, a letter will be sent to the address specified below via the postal service. The letter contains an authentication code which is required to activate your account. You will receive the letter within 3-5 business days after enrolling. If you are NOT authorized to create a Master account, please select 'Individual Account'. Individual accounts will be activated by the Master account holder. For details concerning the different accounts, please [Click Here](#).

| | |
|--------------------|----------------------------------|
| Individual Account | <input type="radio"/> |
| Master Account | <input checked="" type="radio"/> |

User Account Information:

In order to create an account, please provide the following information about yourself.

| | |
|------------------------|---|
| First Name* | JOHN |
| Last Name* | DOE |
| Title* | BILLER |
| Address* | 1 - ADVANCED URGENT CARE 6553 E BAYWOOD AVE #103 MESA AZ, 85206 |
| Telephone Number* | 602 - 111 - 1111 |
| Email Address* | EMAIL@COX.NET |
| Confirm Email Address* | EMAIL@COX.NET |

Continue

Create your own User Name and Password
(At least 6 characters with no leading or trailing blank spaces)

Note:
You can choose a different Hint Question by clicking on the down arrow key

Choose a Hint Question

Supply the answer to the Hint Question here

Fill-in all the fields that have an asterisk

If no account exists, and you will be managing the account, click on Master Account

If adding yourself to an existing account, click on Individual Account

By clicking on the Continue button, you will create or join an account.


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Thank you for creating an account with AHCCCS Online. You will be receiving an email confirmation in a few minutes. You may start using AHCCCS Online as soon as your account is activated by the Master Account holder.

Provider Information:

| | |
|-----------------|-----------|
| Provider Name | Dr. John |
| Provider Number | 123456 |
| Tax ID Number | 123456789 |

User Account Information:

| | |
|------------------|------------------|
| User Name | JOHNDOE |
| First Name | JOHN |
| Last Name | DOE |
| Title | BILLER |
| Address | 4444 3 |
| City | Liverpool |
| State | AZ |
| Zip Code | |
| Telephone Number | 602 - 111 - 1111 |
| Email Address | EMAIL@COX.NET |

[Login](#)

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Note:

If you created a Master Account you will receive an email confirming this.

If you are being added to the account, the Master Account holder will receive an email with your information for activation

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